

use "new"
boiler.

~~September 21, 1998~~

Z 092 840 554

Mr. Langlois
Conoco, Inc
2200 Old Spanish Tr.
~~Lake Charles, LA 70669~~
~~Westlake~~

RE: FRP/SPCC/EPCRA Inspection Report
Conoco, Inc. ~~Lake Charles Refinery~~
FRP-06-~~LA~~-00151
~~FY INSP-980296~~ FY 98090

FY-INSP-980296

Dear Mr. Langlois

On August 31, 1998, representatives of the US Environmental Protection Agency (EPA) conducted an Oil Pollution Prevention (40 CFR Part 112) inspection at the above referenced facility. The inspection included a Facility Response Plan (FRP), Spill Prevention Control and Countermeasure (SPCC), and Emergency Planning and Community Right-to-Know Act (EPCRA) compliance review for the above named facility. During the compliance review the following deficiencies were noted:

FACILITY RESPONSE PLAN

[For specific deficiencies see Attachment A: ~~FRP/SPCC/EPCRA Inspection Summary and~~
~~Attachment B: Facility Response Plan Checklist~~]

The facility owner/operator has not implemented the requirements as per section 4202(a)(5)(E)(ii) of the Oil Pollution Act of 1990 as codified in 40 CFR Part 112.20 due to the deficiencies listed below:

- Contents of FRP are not consistent with model plan as required by 40 CFR Part 112.20 (h) See Attachment B: FRP Checklist
- F7 • (1.3.2, 1.3.4, 1.3.5) ~~inadequate or no emergency response information as required by 40 CFR Part 112.20 (h)(3)~~
- F8 • (1.4.1, 1.4.2, 1.4.3) ~~Insufficient or no information regarding hazard evaluation as required by 40 CFR Part 112.20 (h)(4)~~

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September 21, 1998 ~~Remove date from header~~

F11 (1.7.3)

- ~~Inadequate or no site or drainage plan diagrams as required by 40 CFR Part 112.20 (h)(9)~~

F12 (1.8.1)

- ~~Inadequate or no description of facility security systems as required by 40 CFR Part 112.20 (h)(10)~~

F13 (Site Plan Drainage Plan and Evacuation Plan)

SPILL PREVENTION CONTROL AND COUNTERMEASURE

[For specific deficiencies see Attachment A: FRP/SPCC/EPCRA Inspection Summary and Attachment C SPCC Checklist]

SPCC plan inadequately implemented as required by 40 CFR Part 112.3 due to the deficiencies listed below:

- Incomplete ~~or no~~ written procedures and ~~no~~ inspection records as required by 40 CFR Part 112.7(e)(8). **Inspection records maintained for only six months.**
- Incomplete ~~or no~~ personnel training and spill prevention procedures as required by 40 CFR Part 112.7(e)(10)

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT

- No deficiencies were identified under EPCRA. The facility had filed the proper chemical inventory reports (Tier II) under EPCRA for the preceding calendar year at the time of the notice of inspection

According to Section 4301(b) of the Oil Pollution ACT (OPA), owners or operators of facilities subject to Part 112 who violate the requirements of this part 112 by failing or refusing to comply with any of the provisions shall be liable for a civil penalty of up to \$25,000 for each day such violation continues.

Please provide to this office, within 30 days of the date of this report information, photographs, etc., as necessary to clearly demonstrate that the above deficiencies have been corrected, or provide a firm schedule for achieving compliance with the oil pollution regulations. ~~A copy of 40 CFR Part 112 has been enclosed with this report.~~ If no response is received within 30 days, potential enforcement actions may follow. Please provide your response to:

**unbold,
remove
parentheses**

→ (Karen McCormick) (6SF-RP)
Environmental Protection Agency
~~1445 Ross Avenue~~ **P.O. Box 303**
Dallas, Texas ~~75202-2738~~ **75221-0303**

Conoco, Inc.

Page 3

September 21, 1998 ~~remove date~~

If you have any questions regarding this correspondence, please contact (Karen McCormick) at (214) ~~665-8365~~

Sincerely,

STET

↑
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remove
parentheses

Donald P. Smith,
Senior On-Scene Coordinator (6SF-RP)
(214) ~~665-6489~~ 245-1134

Attachments:

- A. ~~FRP/SPCC/EPCRA Inspection Summary~~
- B. → FRP Checklist
- C. → SPCC Checklist
- D. ~~Training for Oil Spill Response~~
- E. ~~Spill Response Drills/Exercises~~
- F. ~~40 CFR Part 112~~

FACILITY RESPONSE PLAN CHECKLIST

COVER SHEET

SITE NUMBER:

TBA

FY INSPECTION:

FY 98090

FRP ID#:

LA-151

REGIONAL ID#:

FRP-06-LA-00151

MSO:

Morgan City

Inspectors Name:

C. Hood, K. McCombs

Affiliation:

EPA START

Date of Plan Review:

9/8/98

Date of Field Inspection:

8/31/98

Compliance with Appendix F to Part 112



The Facility Response Plan follows the specific format in Appendix F to Part 112.



The Facility Response Plan does not follow the specific format in Appendix F to Part 112, but includes an Emergency Response Action Plan as specified in paragraph (h)(i) that is supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(2) through (h)(11) of 40 CFR 112.20.



The Facility Response Plan does not follow the specific format in Appendix F to Part 112 and is not supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(1) through (h)(11) of 40 CFR 112.20.

FRP 06A0849

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Response Plan Cover Sheet (sec 2 0)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
General Information (sec 2 1) <i>p. iii</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Applicability of Substantial Harm Criteria (sec 2 2) <i>p. iv</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Certification (sec 2 3) <i>p. v</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please use the following space to note any missing or incomplete information

Emergency Response Action Plan (ERAP) (sec 1 1) <i>separate binder</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7 Qualified Individual (QI) Information (sec 1 2) <i>Incident Commander/Refinery Mgr p. 2-9, p. 4-30</i> <i>- Bob Hassler</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Emergency Notification List (sec 1 3 1) <i>Sec. 2.4</i> <i>p. 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Spill Response Notification Form (sec 1 3 1) <i>p. 3.1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Response Equipment List and Location (sec. 1 3 2) <i>'Location' MISSING</i> <i>p. 5-1</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
Response Equipment Testing and Deployment (sec 1 3 3) <i>ERAP - Sec 5</i> <i>(see subent. drill doc.)</i> <i>FRP: p. 8-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Facility Response Team List (sec 1 3 4) <i>Incident Command System</i> <i>p. 2-9, 4-2</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Evacuation Plan (sec 1 3 5) <i>p. 30 of Sec. 6</i> <i>p. 6-1</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Immediate Actions (sec 1 7 1) <i>p. 2-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Facility Diagrams (sec 1 9) <i>p. 8-7</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

*The sections above should be extracted from the more detailed corresponding sections of the plan. Please use the following space to note any missing or incomplete information

Location of response equip. is missing

Facility Information (sec 1 2) <i>p. 1-1</i>		
Facility name (sec 1 2 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Street address	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
City, state, zip	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
County	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Latitude/longitude (sec 1 2 2) <i>p. iii</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Wellhead protection area (sec 1 2 3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
Owner/operator (both names included, if different) (sec 1 2 4) <i>p. 1-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
QI Information (sec 1 2 5) <i>Bob Hassler</i> (Name, position, street address, phone numbers) <i>Refinery Mgr./Incident Commander p. 2-9</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Description of specific response training experience <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oil storage start-up date (sec 1 2 6) <i>Date of Purchase p. 1-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Facility operations description (sec 1 2 7) <i>ERAP - p. 8-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Standard Industrial Classification code <i>p 1-2</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Dates and types of substantial expansion (sec 1 2 8) <i>Brief History, p. 1-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Please use the following space to note any missing or incomplete information

QI response training experience is missing.

Emergency Response Information (sec 1 3)		
Notification (sec 1 3 1)	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Emergency Notification Phone List <i>ERAP p. 2-8</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
National Response Center phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
QI (day and evening) phone number <i>see prev pg</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Company response team (day and evening) phone numbers <i>ERAP: p 2-9, p 4-2</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Federal On-Scene Coordinator (OSC) and/or Regional response center (day and evening) phone numbers <i>ERAP: p 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Local response team phone numbers (Fire Department/Cooperatives) <i>p. 4-2</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fire marshal (day and evening) phone numbers <i>p. 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
SERC (day and evening) phone numbers <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
State police phone number <i>ERAP, p. 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LEPC phone number <i>p. 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Wastewater treatment facility(s) name and phone number (recommended) <i>ERAP, p 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Local water supply system (day and evening) phone numbers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Weather report phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Local TV/radio phone number(s) for evacuation notification	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Hospital phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Spill Response Notification Form <i>p 3-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please use the following space to note any missing or incomplete information

~~State ERC is missing~~

Response Equipment List (sec 132)		
<i>MSRC</i> <i>ERAP: p. 5-1</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
<u>Skimmers/Pumps</u> <i>ERAP: p. 5-1</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Operational Status <i>p 5-2 (B-39)</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Type, Model, and Year <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Number of or Quantity <i>p. 5-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Capacity <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Daily Effective Recovery Rate <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Storage Location(s) <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Date Fuel Last Changed <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Boom <i>ERAP, p. 5-1, also, Sec 7</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status <i>p. 5.3 (8-39)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type, Model, and Year <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Number <i>ERAP p. 5-1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Size (length) <i> </i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Containment Area <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Storage Location <i>ERAP, Sec 7</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Chemicals Stored <i>Foam "ERAP" Sec. 6, Attach. E FRP, Sec. 11 (MSDS)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type <i>ERAP - Sec 6, Attach A - Sec. 2</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Quantity <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> N/A	
- Shelf life	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Date Authorized	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Dispersant Dispensing Equipment	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Capacity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note. Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Response Time	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Sorbents <i>ERAP, p. 5-1</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year Purchased <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Amount <i>ERAP, p. 5-3 (8-39)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Absorption Capacity <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Storage Location(s) <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Hand Tools	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Communication Equipment <i>FRP Sec 10</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status <i>missing</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Quantity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
- Storage Location/Number	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Fire Fighting and Personnel Protective Equipment <i>ERAP, p. 4.1 in house fire dept, also mutual aid groups</i> <i>Sec 6, p. 35</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input type="radio"/> YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Quantity	<input type="radio"/> YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> N/A	
- Storage Location <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Other (e.g. Heavy Equipment, Boats, and Motors) <i>Boats ERAP, p 5-1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status <i>not incl on inspect. form (p. 5-3 or 8-39)</i> <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Quantity <i>ERAP, p 5-1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Storage Location <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

~~Plan contains no statement as to maintenance or operational status of response equipment.~~

Response Equipment Testing and Deployment Drill Log (sec 133) <i>ERAP, p. 5-3 (8-39)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Date of Last Inspection or Equipment Test <i> </i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Inspection Frequency <i>Booms: ERAP, Sec. 7</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Date of Last Deployment Drill <i>FRP: p. 8-38</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Deployment Frequency <i>FRP: p. 8-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Oil Spill Response Organization (OSRO) Certification <i>ERAP, Sec 5</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Please use the following space to note any missing or incomplete information

Personnel (sec 134)	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Emergency Response Personnel Information	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Name <i>ERAP, p 2.9</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Phone numbers 	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Response time <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Responsibility <i>ERAP, Sec. 4</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Type and date of response training <i>FRP, p. 8-1 : Documentation of Training</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Response Contractor Information <i>L4H & MSRL enviro</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Name <i>ERAP, p 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Phone numbers 	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Response time <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note. Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Evidence of contractual arrangements <i>ERAP, p. 5-3</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Facility Response Team Information <i>ERAP, p. 2-4, 2-9, 4-1, 4-2</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Job title/position of emergency response personnel <i>ERAP, p. 2-9</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Response time <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Phone/pager <i>ERAP, p. 2-9, 4-2</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Name of emergency response contractor (Contractors providing facility response team services may be different than contractors providing oil spill response services) <i>ERAP, p. 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Response time <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Phone/pager <i>ERAP, p. 2-8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Please use the following space to note any missing or incomplete information

Response times are missing.

Evacuation Plans (sec. 135) <i>ERAP, p. 6-1 (Sec 6.0, p. 30, 31 & 62)</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Facility Evacuation Plan (sec 1351) 	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Location of stored materials <i>ERAP, Sec. 8.0, Facility map</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Hazard imposed by spilled materials <i>FRP, Sec. 11 (MSDS sheets); Sec 3.0</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Spill flow direction <i>ERAP, Sec. 8.0, Facility map</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Prevailing wind directions and speed <i>ERAP, Sec. 6.0</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Water currents, tides, or wave conditions (if applicable)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Arrival route of emergency response personnel and response equipment <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Evacuation routes <i>ERAP, Sec 6.0 (p. 163?) routes not clearly marked MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Alternative routes of evacuation <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Transportation of injured personnel to nearest emergency medical facility <i>ERAP, Sec. 6.0 (p. 32); 4: p. 4-23 medic facility on site</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Location of alarm/notification systems <i>ERAP, Sec. 6.0 (p. 32)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Centralized check-in area for roll call <i>ERAP, Sec 6.0 (p. 48) - various Assembly Areas</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Mitigation command center location <i>other Corps facilities, Chateau Charles, Civic Center, Playars side</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Location of shelter at facility <i>ERAP, Sec 6.0 (p. 30)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Community Evacuation Plans referenced (sec 1.3.5.3) <i>LEPC</i> <i>ERAP, Sec. 6.0 (p. 6)</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

Please use the following space to describe the evacuation plan, being careful to note any observations/information, (i.e., viability, usability) that would be helpful in making a determination of sufficiency or deficiency

Evacuation/Station-in-Place Plan is missing
- ERAP, Sec 6.0 (p. 163)

Description of Qualified Individual's Duties (sec 1.3.6)	YES	NO
<i>ERAP: p. 2-12</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Activate internal alarms and hazard communication systems	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Notify response personnel	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Identify character, exact source amount, and extent of the release <i>ERAP, p 4-15 Trajectory Analysis Coord.</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Notify and provide information to appropriate Federal, State and local authorities <i>ERAP, p 2-12</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Assess interaction of spilled substance with water and/or other substances stored at facility and notify on-scene response personnel of assessment <i>ERAP, p 4-18 Env. Unit Leader</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Assess possible hazards to human health and the environment <i>ERAP, p 4-17 and 4-8 Health/Safety Unit Leader</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Assess and implement prompt removal actions <i>ERAP, p 2-12 - Facility Manager</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Coordinate rescue and response actions <i>ERAP, Sec 6, pp 14, 15, 17 - Rescue Team</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Access company funding to initiate cleanup activities <i>ERAP, p 4-26 - Finance Section Chief</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Direct cleanup activities <i>ERAP, p 2-12 - Facility Manager</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to note any missing or incomplete information

Hazard Evaluation (sec 1.4)	<i>FRP: Sec 3.0</i>		
Hazard Identification (sec 1.4.1)	<i>p 3.1</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Tank and Surface Impoundment Forms		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Tanks	<i>ERAP, p 8-2, p 8-11</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Tank Number(s)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Substance(s) Stored		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Quantity(s) Stored		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Tank Type(s)/Year(s) <i>ERAP, p. 8-2</i> <i>Year missing</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Maximum Capacity(s) <i>1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Failure(s)/Cause(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Surface Impoundments (SI)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- SI Number(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Substance(s) Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Quantity(s) Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Surface Area(s)/Year(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Maximum Capacity(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Failure(s)/Cause(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Labeled schematic drawing <i>ERAP, Sec 8.0</i> <i>facility map does not include tank #s or secondary containment structures</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Description of transfers (loading and unloading) and volume of material <i>p 3-8</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Description of daily operations <i>p 3-7, 3-9</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Secondary containment volume <i>not referenced</i> <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note. Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Normal daily throughput of the facility <i>p. 3-10</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Please use the following space to note any missing or incomplete information

*Years of tank construction missing.
Secondary containment volumes missing.*

Vulnerability Analysis (sec 142) <i>p. 3-10</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Analysis of potential effects of an oil spill on vulnerable areas <i>p. 3-11</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Water intakes <i>p. 3-11</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Schools	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Medical facilities	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Residential areas <i>see maps p. 3-10</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Businesses <i>p. 3-11</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Wetlands or other sensitive environments <i>p. 3-12</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Fish and wildlife <i>p. 3-11</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Lakes and streams <i>p. 3-14</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Endangered flora and fauna	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Recreational areas <i>p. 3-11</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Transportation routes (air, land and water) <i>p. 3-12</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Utilities	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Other applicable areas	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to assess the description of the vulnerability analysis, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

See EPA Inland Area Contingency Plan for endangered and threatened species.

Analysis of the Potential for an Oil Spill (sec 1.4.3)	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of likelihood of release occurring	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Oil spill history for the life of the facility	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Horizontal range of potential spill	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Vulnerability to natural disaster	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Tank age	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Other factors (e.g., unstable soils, earthquake zones, Karst topography, etc)	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Facility Reportable Oil Spill History Description (sec 1.4.4)	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Date of discharge(s)	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- List of discharge causes	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Material(s) discharged	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Amount of discharges in gallons	MISSING	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Amount that reached navigable waters (if applicable) <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Effectiveness and capacity of secondary containment <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Clean-up actions taken <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Steps taken to reduce possibility of reoccurrence <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Total oil storage capacity of tank(s) or impoundment(s) from which material discharged <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Enforcement actions <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Effectiveness of monitoring equipment <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Spill detection <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

- No information was found regarding topics in this section.

Discharge Scenarios (sec. 15)		
Small Discharges (sec 151) <i>p. 4-2</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of small discharge scenarios addressing facility operations and components (sec 1511)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Loading and unloading operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Facility maintenance operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Facility piping	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Pumping stations and sumps	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Oil storage tanks	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Vehicle refueling operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Age and condition of facility and components <i>p. 4-2</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of factors affecting response efforts (sec 1 5 1 2) <i>p. 4-2</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Location of material spilled (i.e., on concrete pad or soil)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Weather or aquatic conditions	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Available remediation equipment <i>p. 4-3</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Probability of a chain reaction or failures	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Direction of spill pathway	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Medium Discharges (sec 1 5 1) <i>p. 4-5</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of medium discharge scenarios addressing facility operations and components (sec 1 5 1 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Loading and unloading operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Facility maintenance operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Facility piping <i>p. 4-5</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Pumping stations and sumps	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Oil storage tanks	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Vehicle refueling operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Age and condition of facility and components <i>p 4-5</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of factors affecting response efforts (sec 1 5 1 2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Size of spill <i>5000 - 10000 bbl</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Location of material spilled (i e , on concrete pad or soil)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Weather or aquatic conditions	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Probability of a chain reaction or failures	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Direction of spill pathway	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please use the following space to assess the description of conditions at the facility, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency		
Worst Case Discharge (sec 1 5 2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Correct Worst Case Discharge calculation for specific type of facility <i>p. 4-14</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Description of worst case discharge scenario <i>p. 4-9</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Loading and unloading operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Facility maintenance operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Facility piping	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Pumping stations and sumps	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Oil storage tanks <i>p. 4-9</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Vehicle refueling operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Age and condition of facility and components	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Description of factors affecting response efforts (sec 1 5 1 2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Size of spill <i>#311 - Sour crude</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Proximity to downgradient water <i>drainage ditch to Calcasieu Rvr</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Proximity to fish and wildlife and sensitive environments <i>Morris Environmental P. 4-9</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Likelihood that discharge will travel offsite	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Location of material spilled (i.e., on concrete pad or soil)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Material discharged	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Weather or aquatic conditions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Available remediation equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Probability of a chain reaction or failures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Direction of spill pathway	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Discharge Detection Systems (sec 1.6) <i>p. 5-1, p. 3.6</i>		
Discharge Detection by Personnel (sec 1.6.1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Description of procedures and personnel for spill detection <i>p. 7.1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Description of facility inspections <i>p. 7.1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Description of initial response actions <i>FRP, p. 6-2 ERAP, p. 7-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Emergency Response Information (referenced) <i>p. 6.1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Please use the following space to assess the description of conditions at the facility and/or discharge detection, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Automated Discharge Detection (sec 1.6.2) p 5-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Description of automatic spill detection equipment including overfill alarms and secondary containment sensors	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Description of alarm verification procedures and subsequent actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Please use the following space to assess the description of automated discharge detection systems and related conditions at the facility, being careful to note observations/information that would be helpful in making a determination of sufficiency or deficiency

Plan Implementation (sec 1.7)		
- Identification of response resources for small, medium, and worst case spills (sec 1.7.1) ERAP, pp 5.1-5.2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Description of response actions ERAP, p. 7-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Emergency plans for spill response	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Additional response training FRP, p 8.1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Additional contracted help ERAP, p. 5.3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Access to additional response equipment/experts	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Ability to implement plan, including response training and practice drills FRP, p. 8-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Temporary Storage <i>both in-house & external</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to assess the adequacy of response resources and response actions for small, medium and worst case spills, be careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

Disposal Plan (sec 172) <i>ERAP, p. 7-15</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Description of procedures for recovering, reusing, decontaminating or disposing of materials <i>reclaiming</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Materials addressed in Disposal Plan (Recovered product, contaminated soil, contaminated equipment and materials, personnel protective equipment, decontamination solutions absorbents, spent chemicals)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Plan prepared in accordance with any Federal, State, and/or local regulations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Plan addresses permits required to transport or dispose of recovered materials	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to assess the description of procedures for recovering, reusing, decontaminating or disposing of materials, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

Containment and Drainage Planning (sec 173) <i>ERAP, p 7-5 & 7-6</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Description of containing/controlling a spill through drainage <i>1</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Containment volume <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Drainage route from oil storage and transfer areas <i>facility maps; ERAP, p. 7-4 & 7-6</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note. Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Construction materials in drainage troughs <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Type and number of valves and separators in drainage system <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Sump pump capacities <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Containment capacities of weirs and booms and their location <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Other clean up materials	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to assess the description of containing/controlling a spill through drainage, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

Various items in this section are not adequately addressed.

Self-Inspection, Training, and Meeting Logs (sec 18)		<i>NOT DISCUSSED</i>
<i>FRP, Sec 8</i>		
Facility Self-Inspection (sec 181)		
<i>Sec 7</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Records of tank inspections contained or cross-referenced in plan or maintained electronically <i>p. 7-1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Records of secondary containment inspections contained or cross-referenced in plan or maintained electronically <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Response Equipment Checklist (sec 1812) <i>ERAP, p 5-3 (B-39)</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Inventory (item and quantity) <i>ERAP, p 5-1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Storage location <i> </i>	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Accessibility (time to access and respond) <i> </i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational status/condition <i>ERAP, p. 5-1</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

• CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Actual use/testing (last test date and frequency of testing) <i>Monthly drill/inspection logs</i> <i>ERAP, p 5-3 (8-39)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Shelf life (present age, expected replacement date) <i>Sorbent materials</i> <i>ERAP, p 5-1</i> <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Response Equipment Inspection Log <i>Boom Inspection Forms:</i> <i>ERAP - Sec. 7</i> <i>ERAP: p 5-2</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Inspection records maintained for 5 years <i>MISSING</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Please use the following space to assess the description of facility self-inspection and adequacy of response equipment at facility, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

No secondary containment inspection records.
No indication inspection records will be maintained for five ~~years~~ years.

Facility Drills/Exercises (sec 1 8 2) <i>FRP, sec 8</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Description of drill/exercise program based on PREP guidelines or other comparable program <i>p. 8-24</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- QI notification drill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Spill management team tabletop exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Equipment deployment exercise <i>p 8-25</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Unannounced exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Area exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Description of evaluation procedures for drill program <i>p 8-29</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Qualified Individual Notification Drill Log (sec 1 8 2 1) (Date company qualified individual, emergency scenario, evaluation) <i>p. 8-27</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Spill Management Team Tabletop Drill Log (sec 1 8 2 2) (Date, company, qualified individual, emergency scenario, evaluation, changes to be implemented, time table for implementation) <i>p 8-28</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Response Training (sec 183)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Description of Response Training program (including topics) <i>p. 8-1</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Personnel Response Training Logs (Name, response training date/and number of hours, prevention training date/ and number of hours) <i>p. 8-35</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
- Discharge Prevention Meeting Logs (Date, attendees) <i>p. 8-37</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to assess the description of the response training program, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

Diagrams (sec 19)	<i>FRP: Sec. 9</i>		
Site Plan Diagram	<i>ERAP - Fig 8-1</i>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Entire facility <u>to scale</u>	<i>Scale not shown</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Above and below-ground storage tanks		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Contents and capacities of bulk oil storage tanks and drum oil storage areas <i>capacities not shown; tank legend not consistent w/ map</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Process building <i>not clearly marked</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Transfer areas <i>pipelines</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Location and capacity of secondary containment systems <i>MISSING</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
- Location of hazardous materials		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Location of communications and emergency response equipment		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Location of electrical equipment that might contain oil	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

see comments above

Site Drainage Plan Diagram <i>ERAP, p. 7-6</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Major sanitary and storm sewers manholes, and drains <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Weirs and shut-off valves	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Surface water receiving streams <i>ERAP, Fig B-1</i> <i>MISSING</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Fire fighting water sources <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Other utilities <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Response personnel ingress and egress <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Response equipment transportation routes <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Direction of spill flow from discharge points <i>ERAP: Fig B-1</i>	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	

Please use the following space to note any missing or incomplete information

Drainage Plan Diagram is missing.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Site Evacuation Plan Diagram <i>ERAP, Sec. 6 (p. 162)</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Evacuation routes <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Location of regrouping areas <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	

Please use the following space to note any missing or incomplete information

~~Emergency shelter-in-place Plan is missing~~
ERAP, Sec. 6.0 (p. 162)

Site Security (sec 1.10)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Description of facility security (Emergency cut-off locations, enclosures, guards and their duties, lighting, valve and pump locks, pipeline connection caps) <i>MISSING</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the description of facility security, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

missing discussion of site security.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 6

1445 Ross Avenue, Suite 1200

Dallas, Texas 75202-2733

ACKNOWLEDGEMENT AND RECORD OF SPCC INSPECTION/PLAN REVIEW

SPCC CASE #: 980296 FRP REGIONAL #: LA-151 DATE: 08/31/98

Inspector Name: Don Kluth EPA Region: 06

Inspection Team Members: Jian Tong

Name of Facility: Conoco Lake Charles Refinery / Excel Paralubes LOHC

Latitude: 30°14'51" Longitude: 93°16'19"

Facility Address: 2200 Old Spanish Trail (Refinery)
2800 Old Spanish Trail (LOHC)

City: Westlake County: Calcasieu State: LA Zip: 70669

Facility Contact: - Title: -

Telephone Number: -

Name of Owner/Operator: Conoco Inc.

Corporate Address: 2200 Old Spanish Trail (Refinery)
2800 Old Spanish Trail (LOHC)

City: Westlake State: LA Zip: 70669

Corporate Contact: Robert J. Hassler Title: Lake Charles Refinery Manager

Telephone Number: -

Synopsis Of Business: Refinery

How many employees at this Facility? 800

If unmanned, number of employees to operate the Facility? -

Sic Code: -

Route Of Entry: South of TK371, within facility, drainage ditch leading to outfall #3 then to Calcasieu River

Distance To Waterway: (in feet) 750

Acknowledgement of Inspection:

Company Contact: - Title: -

EPA / TAT Inspector: Don Kluth / Jian Tong Title: START EPA START

Memorandum of Understanding (check all applicable descriptions):☒ Non-Transportation Related☒ Transportation Related☒ EPA☐ MMS☒ USCG☐ OPS☒ Onshore☐ Drilling (MMS)☒ Over water Transfer
(loading arms, pipes at
Terminal)☐ Inline/Breakout Tanks:
injected/reinjected for
continuous pipeline
operation☐ Offshore☐ Production (MMS)☐ Drilling (EPA)☐ Storage (MMS)☐ Production (EPA)☐ Only ballast tanks☒ Refining☐ In plant processing☐ Tank washings from
vessels☐ Waste Treatment☒ Storage (EPA)☐ Commercial☐ Agriculture☐ Industrial☐ Public☒ Load/Unloading Racks☒ In-Facility pipelines**SPCC Part 112.1(b)**☐ Drilling☐ Producing☐ Gathering☒ Storing☐ Processing☒ Refining☒ Transferring☐ Distributing☐ Consuming oil/oil products**Facility Type:**☒ Bulk Storage☐ Gas Station/Convenience☐ Petroleum Distributor☐ Commercial☐ Industrial☐ Utilities☐ Local Government☐ State Government☐ Federal (Non-Military)☐ Federal (Military)☐ Air Taxi (Airline)☐ Aircraft owner☐ Auto Dealership☐ Contractor☐ Farm☐ Railroad☐ Residential☐ Trucking/Transport☐ Trustee/Native American☐ Other:

Other: _____

Does the Facility conform to any of the following industry standards (check all that apply)?☐ API-620 Design and
Construction of Large,
Welded, Low-Pressure
Storage Tanks☒ API-650 Welded Steel
Tanks for Oil Storage☒ API-653 Tank Inspection,
Repair, Alteration, and
Reconstruction☐ API-2610 Design
Construction, Operation,
Maintenance, and Inspection
of Terminal and Tank
Facilities☐ UL-142 Steel Aboveground
Tanks for Flammable and
Combustible Liquids☐ None☐ Other Standard(s)

List Standard(s) of facility. _____

Facility Startup Date: <u>1941</u>		Spcc Plan Required Date: <u>07/11/1974</u>	
AST Storage Capacity(gal): <u>376,731,180 gal</u>		UST Storage Capacity(gal): _____	
Annual Oil throughput(gal): <u>220,000 b/d</u> <u>405720000</u>		Production Rates (gal): _____	
SPCC Plan prepared: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPCC Plan available for review: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SPCC Plan available (during a normal 8 hr day)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPCC Plan maintained on site? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Facility is: <input type="checkbox"/> UNATTENDED <input checked="" type="checkbox"/> ATTENDED (<input type="checkbox"/> Daily (8 hrs) <input checked="" type="checkbox"/> Daily (24 hrs) <input type="checkbox"/> Periodically)			
SPCC Plan certified? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date Of Certification: <u>12/9/96</u>	
Name of Professional Engineer: <u>Gregory B. Young</u>			
License Number: <u>25881</u>		State: <u>LA</u>	
SPCC Plan reviewed every three years? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPCC Plan review sign-off? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Does the SPCC Plan indicate that management has approved the plan? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Mgmt Personnel Name: <u>Robert J. Hassler</u>			
Mgmt Personnel Title: <u>Manager, Lake Charles Refinery</u>			
Have there been any prior releases at this Facility? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide date(s), spill size(gal), and source of information			
Date:	Spill size (gal):	Info. Source: <u>FRPe</u>	
Date:	Spill size (gal):	Info. Source: _____	
Date:	Spill size (gal):	Info. Source: _____	
Have there been reportable spills at this Facility per 40 CFR Part 110? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has the Facility had a spill of more than 1,000 gallons in the past 12 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide: Date of Spill: <u>02/98</u> Was Plan submitted per 40 CFR 112.4? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has the Facility had two spills of a harmful quantity in the past 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, provide: Date of Spill: _____ Was Plan submitted per 40 CFR 112.4? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has there been a change of facility design, construction, operation, or maintenance which could affect the facility's potential for discharge? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe _____			
Date of Latest Change:		Date Plan Amended:	

	Plan Review	Field Inspection
GENERAL TOPICS 112.7 (b), (c), (d)		
Plan includes a prediction of equipment failure(s) which could result in a discharge from the Facility per 40 CFR 112.7 (b) 4-1 ~ 4-4	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Plan discusses appropriate containment and/or diversionary structures or equipment per 40 CFR 112.7(c) Note: Production Facility (i.e. process vessel) 5-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Installation of structures or equipment listed in 112.7(c) was determined to be impracticable	<input type="radio"/> YES <input checked="" type="radio"/> NO	
If YES, impracticability clearly demonstrated	<input type="radio"/> YES <input type="radio"/> NO	
If YES, contingency plan per 40 CFR 109 provided	<input type="radio"/> YES <input type="radio"/> NO	
If YES, written commitment of manpower provided	<input type="radio"/> YES <input type="radio"/> NO	
General Notes/Comments:		
INSPECTIONS AND RECORDS 112.7 (e)(8)		
a. Inspections required by 40 CFR 112 are in accordance with written procedures developed for the Facility.	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Written procedures and a record of inspections are signed by the appropriate supervisor or inspector.	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Written procedures and a record of inspections are made part of the SPCC Plan. Section 11	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. Written procedures and a record of inspections are maintained for a period of three (3) years	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input checked="" type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection:		
Records maintained at present for six months.		

	Plan Review	Field Inspection
PERSONNEL TRAINING AND SPILL PREVENTION PROCEDURES 112.7(e)(10)		
a. Training on the operation and maintenance of equipment to prevent the discharge of oil and applicable pollution control laws, rules, and regulations.	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Designated person accountable for spill prevention	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Spill prevention briefings scheduled periodically	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection:		
FACILITY DRAINAGE, ONSHORE (excluding Production Facilities)		
a. From diked storage areas via valves (Note: flapper-type valves should not be used) 6-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Diked storage areas drained via pumps or ejectors NA	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
If YES, are the pumps manually operated ↓	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
c. Storm water inspected prior to discharge from the diked storage areas (see Bulk storage Tanks - e Drainage from diked areas.) 6-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. From undiked areas into catchment basins	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
e. If NO to b and d, is there a diversion system to return spills to the Facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
f. Is drainage water treated at the Facility 5-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection:		

	Plan Review	Field Inspection
BULK STORAGE TANKS, ONSHORE (excluding production facilities) 112.7(e)(2) Note: See Tank and Secondary Containment Forms		
a. Material and construction of tanks are compatible to the oil stored and the conditions of storage such as pressure and temperature, etc. 6-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. All tank installations have secondary containment 6-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Secondary containment appears to be adequate 6-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. Diked areas are sufficiently impervious 6-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e. Drainage from diked areas to on-site treatment By vac truck	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- If NO to e., is the valve normally sealed closed NA	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If NO to e., drainage from diked area is inspected	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If NO to e., bypass valve is opened and resealed properly	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If NO to e., adequate records of dike drainage are maintained	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
f. Underground tanks at the Facility	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If YES to f., protected from corrosion	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If YES to f., subject to regular pressure testing	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
g. Partially buried tanks at the Facility	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If YES, are buried sections protected from corrosion	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
h. Aboveground tanks at this Facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
- Does the plan indicate that visual inspections of the outside of tanks are performed? 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Subject to periodic integrity testing for Hydrostatic 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Subject to periodic integrity testing for Magnetic-particle	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Subject to periodic integrity testing for Penetrant-dye	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Subject to periodic integrity testing for Ultrasonic	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Subject to periodic integrity testing for Radiographic	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Subject to periodic integrity testing for Acoustic Emissions	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Subject to periodic integrity testing for Laser	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Subject to periodic integrity testing for Visual 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Subject to periodic integrity testing for Other	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Records of inspections maintained	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Internal heating coils utilized 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- If YES, steam return/exhaust monitored 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- External heating system utilized 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Tanks are "fail-safe" engineered 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Audible high liquid level alarm	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A

	Plan Review	Field Inspection
- Visual high liquid level alarm	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Automatic high liquid level pump cutoff	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Communications between gauger and pumping station 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- System of determining liquid level in tanks such as sensing devices (i.e., low, high) 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Direct vision gauges 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Sensing devices and/or gauges regularly tested 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
i. Effluent discharges directly to navigable waters are observed frequently to detect oil spills? N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
j. Causes of oil leaks resulting in accumulations of oil in diked areas are promptly corrected? 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
k. Mobile or portable storage units at this Facility? N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If YES to k., are positioned to prevent spilled oil from reaching navigable water	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If YES to k., is a secondary means of containment provided	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- If YES to k., are located in an area NOT subject to periodic flooding	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
l. Have any tanks at this Facility been modified?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Have any tanks been permanently closed? N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- All liquid and sludge removed from each tank and connected lines?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Each tank rendered free of explosive vapor?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A

	Plan Review	Field Inspection
- All connecting lines blanked off and valves closed and locked? <i>NA</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Conspicuous signs posted on tank warning that it is a permanently closed tank?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Comments based on inspection <i>Other methods of integrity testing performed at the facility not discussed in SPCC Plan (i.e. hydrostatic).</i>		
FACILITY TRANSFER OPERATIONS, PUMPING, AND IN-PLANT PROCESS, ONSHORE (excluding Production Facilities) 112.7(e)(3)		
a. Buried pipelines are corrosion protected? <i>6-2</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Not-in-service pipelines are capped and blank-flanged, and marked as to their origin?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Pipe supports are designed to minimize abrasion and corrosion, and allow for expansion and contraction? <i>6-2</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. Aboveground valves and pipelines are inspected regularly?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Daily? <i>6-3</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Weekly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency Monthly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency Bi-monthly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency Annual?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency Semi-Annual?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency other times?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A

	Plan Review	Field Inspection
- Spill containment curbing system provided? 5-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Spill containment drip pans system provided? NA	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Spill containment sorbent materials system provided?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- No spill containment system provided?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Other spill containment system provided? ✓	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
e. Periodic pressure testing of the valves and pipelines is conducted? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Daily?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency Weekly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency Monthly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Frequency annual?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
- Other frequency?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
f. Vehicle traffic warned of aboveground and belowground pipelines? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection.		
FACILITY TANK CAR AND TANK TRUCK LOADING/UNLOADING RACK, ONSHORE 112.7 (e)(4)		
a. Rack drainage flows to catchment basin?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A

	Plan Review	Field Inspection
b Rack drainage flows to a treatment system? 5-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If NO to a. or b , is secondary containment used?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c Is quick drainage system available? 5-1	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Is a system used to prevent departure before complete disconnect from transfer lines? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Interlock brake system (e g. locking of air brakes)?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Physical barrier system (i.e. wheel chocks)?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Warning lights and/or signs?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Automatic shutdown system located at the tank vehicle loading rack?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e. Vehicle inspection prior to transfer and departure? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection:		
SECURITY (excluding Production Facilities) 112 7 (e)(9)		
a. Facility is fully fenced? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Entrance gates are locked and/or guarded? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Master flow and drain valves are secured in closed position when in a non-operating or standby status?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. Starter controls on pumps are locked in the "off" position or located at a site accessible only to authorized personnel when in non-operating or standby status? 6-3	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
e Transfer connection(s) of pipelines are capped or blank-flanged when not in service? 6-2	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
f Facility lighting appears to be adequate to facilitate the discovery of spills during hours of darkness and to deter vandalism? 6-4	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection		
OIL PRODUCTION FACILITIES, ONSHORE 112.7 (e)(5) Note: See Tank and Secondary Containment Forms		
a. Drains for the secondary containment systems at tank batteries and central treatment stations are closed and sealed at all times except when rainwater is being drained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Prior to drainage, accumulated oil on the rainwater is picked up and returned to storage or properly disposed of?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Field drainage ditches, road ditches, and oil traps, sumps, or skimmers are regularly inspected for oil.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Accumulated oil is removed?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. Aboveground tanks at this Facility:	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Material and construction are compatible with the oil stored and the conditions of storage.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Secondary means of containment appears adequate	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Tank inspections are conducted periodically	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- By appropriate plant personnel	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Include tank foundation and supports	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
- Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Tank battery installations "fail-safe" engineered	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Adequate tank capacity to prevent tank overflow	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Overflow equalizing lines between tanks	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Vacuum protection to prevent tank collapse	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- High level alarms	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e. Facility transfer operations at this Facility.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Aboveground valves/pipelines examined periodically?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
- Brine disposal facilities examined often?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Flowline maintenance program established?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Records of inspection maintained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection:		
OIL DRILLING AND WORKOVER FACILITIES, OFFSHORE 112.7 (e)(7) Note: See Tank and Secondary Containment Forms.		
a. Oil drainage collection equipment utilized?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Drains controlled/directed to central collection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b. Sump system, if used, adequately sized?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Spare pump/equivalent method available?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Regularly scheduled preventative maintenance program to assure reliable operations of the liquid removal system and pump start-up device?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c. Separators/treaters equipped with dump valves?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Measures in place should dump valve fail?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d. Atmospheric storage/surge tanks equipped with high level sensing devices?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e. Pressure tanks equipped with high and low pressure sensing devices?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
f. Tanks have corrosion protection measures?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
g Written procedure for inspecting and testing pollution prevention equipment and systems prepared?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Written procedure maintained at the Facility?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Written procedure included in SPCC Plan?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Inspections and tests conducted periodically?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
h. Surface and subsurface well shut-in valves and devices are sufficiently described?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Detailed records for each well maintained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
i. Blowout preventer (BOP) assembly utilized in accordance with state regulatory agency requirements?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
j Well control measures provided in the event of emergency conditions?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
k Written instructions are prepared for contractors and subcontractors by the owner or operator?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Such instructions are maintained at the Facility?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
l. Manifolds are equipped with check valves?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
m. Flowlines are equipped with high pressure sensing device and shutting valve at the wellhead?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- If NO, is a pressure relief system provided?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
n Pipelines have corrosion protection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
o Sub-marine pipelines are stress protected?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Sub-marine pipelines are inspected periodically?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
- Inspections are documented and maintained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection.		

EPA Tank Id

70001

Facility Tank Id

70001

Max Cap (gal)

6800000

Safe Fill (gal)

Avg Qty (gal)

Tank Dia (ft)

Tank Hgt (ft)

Year Built

Material(s)
Stored in
Tank:

Material Name

Light VGO

CHRIS.

CAS No

DOT No

Tank Age:

☐ prior to 1920☐ 1920-1945☐ 1946-1960☐ 1961-1975☐ 1976-1995

Tank Type:

☒ Coned Roof - (Vented)☐ Coned Roof - (Not Vented)☐ External Floating Roof☐ Internal Floating Roof☐ Geodesic Dome☐ Sphenod☐ Hemispheroid (Noded)☐ Hemispheroid (NOT Noded)☐ Vertical Cylindrical☐ Fixed Roof (Vented)

Other:

Tank Material:

☒ Single wall steel☐ Double wall steel☐ Painted☐ Non-Painted☐ Fiberglass reinforced plastic☐ Composite (steel with fiberglass)☐ Wooden

Other:

Tank Construction: --

☐ Bolted☐ Rivetted☒ Welded☐ Shop Fabricated☐ Field Erected

Tank Cathodic Protection:

☐ None☒ Sacrificial Anode(s)☒ Impressed Current

Check Tank including the base for leaks, specifically looking for:

Drips, weeps, & stains ☐☐ Adequate☐ InadequateLocalized dead vegetation ☐☐ Adequate☐ InadequatePuddles of stored material ☐☐ Adequate☐ InadequateDiscoloration of tank ☐☐ Adequate☐ InadequateCorrosion ☐☐ Adequate☐ InadequateCracks ☐☐ Adequate☐ Inadequate

Release Prevention Barriers:

- ☒ Double Bottom ☐ Double-walled ☐ Lined Interior
☐ Polyethylene Jacket ☐ Excavation Liner ☐ None
☐ Unknown

Other:

Tank Liner:

- ☒ None ☐ Internal (Double Bottom) ☐ Internal (Resin Coating)
☐ External (Fiberglass resin) ☐ External (Non-Fiberglass resin)

Tank Safe Fill and Shutdown Procedures:

- ☐ Visual Liquid Level ☐ Computerized Liquid Level ☐ No Liquid Level
☒ High Alarm/Shutdown ☒ High-High Alarm/Shutdown ☐ No Alarm/Shutdown
☒ Audible Alarm ☐ Visual Alarm ☐ Computer-Monitored Alarm/Shutdown

Release Detection Method:

- ☐ Groundwater Monitoring ☒ Low Level Alarm ☒ Visual Monitoring
☐ Vapor Monitoring ☐ Interstitial Monitoring ☐ None

Other:

Foundation Material:

- ☐ Earthen Material ☒ Ring Wall ☒ Concrete (w/impermeable mat.)
☐ Concrete (w/o impermeable mat.) ☐ Steel ☐ Unknown

Other:

Check Foundation (mark if present):

Cracks

- ☐ Adequate ☐ Inadequate

Settling

- ☐ Adequate ☐ Inadequate

Gaps (between tank and foundation)

- ☐ Adequate ☐ Inadequate

Puddles of stored material

- ☐ Adequate ☐ Inadequate

Discoloration

- ☐ Adequate ☐ Inadequate

70001

<input checked="" type="checkbox"/> Aboveground	<input type="checkbox"/> Underground	<input type="checkbox"/> Steel (bare)
<input checked="" type="checkbox"/> Steel (painted)	<input type="checkbox"/> Steel (galvanized)	<input type="checkbox"/> Double walled
<input type="checkbox"/> Copper	<input type="checkbox"/> Fiberglass Reinforced Plastic	<input type="checkbox"/> Unknown

Other: _____

Check pipe/valves (mark if present): _____

Leaks at joints, seams, valves

☒ Adequate ☐ Inadequate

Discoloration

☐ Adequate ☐ Inadequate

Corrosion

☐ Adequate ☐ Inadequate

Pooling of stored material

☐ Adequate ☐ Inadequate

Bowing of pipe

☐ Adequate ☐ Inadequate

Localized dead vegetation

☐ Adequate ☐ Inadequate

Ground saturated with stored material

☐ Adequate ☐ Inadequate

Secondary Containment Types:

<input checked="" type="checkbox"/> Dikes/berms/retaining walls	<input type="checkbox"/> Curbing	<input type="checkbox"/> Culverts and/or gutters
<input checked="" type="checkbox"/> Spill diversion ponds	<input type="checkbox"/> Sorbent Materials	<input type="checkbox"/> Retention ponds
<input type="checkbox"/> Weirs and/or booms		

Other - Loc: _____

Secondary Containment Checklist:

<input type="checkbox"/> Capacity does not appear to be adequate?	<input checked="" type="checkbox"/> Drainage mechanism manually operated?	<input type="checkbox"/> Not sufficiently impervious to stored materials?
<input type="checkbox"/> Presence of stored mat. w/in dike or berm?	<input type="checkbox"/> Standing water within dike or berm?	<input type="checkbox"/> Debris within the dike or berm area?
<input type="checkbox"/> Erosion or corrosion of dike or berm (location)?		

70001

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Low Permeability Soils (clay)	<input type="checkbox"/> Steel
<input type="checkbox"/> Soil-bentonite mix	<input type="checkbox"/> Concrete (Bituminous)	<input type="checkbox"/> Concrete (Non-Bituminous)
<input type="checkbox"/> Synthetic Membrane (Polyvinyl chloride)	<input type="checkbox"/> Synthetic Membrane (Chlorinated polyvinyl)	<input type="checkbox"/> Synthetic Membrane (Polyethylene)
<input type="checkbox"/> Synthetic Membrane (Butyl rubber)	<input type="checkbox"/> Synthetic Membrane (Neoprene)	<input type="checkbox"/> Synthetic Membrane (Ethylene propylene diene monomer)
<input type="checkbox"/> Synthetic Membrane (Chlorosulphonated polyethylene)	<input type="checkbox"/> Synthetic Membrane (Oil resistant polyvinyl chloride)	<input type="checkbox"/> Synthetic Membrane (Dupont elasticized polyolefin 3110)

EPA Tank ID#:

Facility Tank ID#:

7000

Tank Construction:

Check Tank including the base for leaks:

Release Prevention Barriers:

Tank Liner:

Tank Safe Fill and Shutdown Procedures:

Release Detection Method:

Check Foundation:

Check pipes/valves:

Leak from valve, stain ^{on} the soil.

Secondary Containment:

Other comments on the tank, piping, appurtenances, foundation, or containment:

EPA Tank Id

193

Facility Tank Id

193

Max Cap (gal)

Safe Fill (gal):

Avg Qty (gal)

Tank Dia (ft)

Tank Hgt (ft):

Year Built.

Material(s)
Stored in
Tank

Material Name

Naphtha

CHRIS

CAS No

DOT No

Tank Age:

☐ prior to 1920☐ 1920-1945☐ 1946-1960☐ 1961-1975☐ 1976-1995

Tank Type:

☐ Coned Roof - (Vented)☐ Coned Roof - (Not Vented)☐ External Floating Roof☒ Internal Floating Roof☐ Geodesic Dome☐ Spheroid☒ Hemispheroid (Noded)☐ Hemispheroid (NOT Noded)☐ Vertical Cylindrical☐ Fixed Roof (Vented)

Other

Tank Material:

☒ Single wall steel☐ Double wall steel☐ Painted☒ Non-Painted☐ Fiberglass reinforced plastic☐ Composite (steel with fiberglass)☐ Wooden

Other

Tank Construction:

☐ Bolted☐ Rivetted☒ Welded☐ Shop Fabricated☐ Field Erected

Tank Cathodic Protection:

☐ None☒ Sacrificial Anode(s)☒ Impressed Current

Check Tank including the base for leaks, specifically looking for:

Drips, weeps, & stains ☐☐ Adequate☐ InadequateLocalized dead vegetation ☐☐ Adequate☐ InadequatePuddles of stored material ☐☐ Adequate☐ InadequateDiscoloration of tank ☐☒ Adequate☐ Inadequate

some discolor (little)

Corrosion ☐☐ Adequate☐ InadequateCracks ☐☐ Adequate☐ Inadequate

193
Release Prevention Barriers:

<input checked="" type="checkbox"/> Double Bottom	<input type="checkbox"/> Double-walled	<input type="checkbox"/> Lined Interior
<input type="checkbox"/> Polyethylene Jacket	<input type="checkbox"/> Excavation Liner	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Unknown		

Other:

Tank Liner:

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Internal (Double Bottom)	<input type="checkbox"/> Internal (Resin Coating)
<input type="checkbox"/> External (Fiberglass resin)	<input type="checkbox"/> External (Non-Fiberglass resin)	

Tank Safe Fill and Shutdown Procedures:

<input type="checkbox"/> Visual Liquid Level	<input type="checkbox"/> Computerized Liquid Level	<input type="checkbox"/> No Liquid Level
<input checked="" type="checkbox"/> High Alarm/Shutdown	<input checked="" type="checkbox"/> High-High Alarm/Shutdown	<input type="checkbox"/> No Alarm/Shutdown
<input type="checkbox"/> Audible Alarm	<input type="checkbox"/> Visual Alarm	<input type="checkbox"/> Computer-Monitored Alarm/Shutdown

Release Detection Method:

<input type="checkbox"/> Groundwater Monitoring	<input type="checkbox"/> Low Level Alarm	<input checked="" type="checkbox"/> Visual Monitoring
<input type="checkbox"/> Vapor Monitoring	<input type="checkbox"/> Interstitial Monitoring	<input type="checkbox"/> None

Other:

Foundation Material:

<input checked="" type="checkbox"/> Earthen Material	<input type="checkbox"/> Ring Wall	<input type="checkbox"/> Concrete (w/impermeable mat.)
<input type="checkbox"/> Concrete (w/o impermeable mat.)	<input type="checkbox"/> Steel	<input type="checkbox"/> Unknown

Other:

Check Foundation (mark if present):

--

Cracks

<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
-----------------------------------	-------------------------------------

Settling

<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
-----------------------------------	-------------------------------------

Gaps (between tank and foundation)

<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
-----------------------------------	-------------------------------------

Puddles of stored material

<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
-----------------------------------	-------------------------------------

Discoloration

<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
-----------------------------------	-------------------------------------

Tank Piping Construction:

- ☒ Aboveground ☒
☒ Steel (painted) ☒
☐ Copper

- ☐ Underground
☐ Steel (galvanized)
☐ Fiberglass Reinforced Plastic

- ☐ Steel (bare)
☐ Double walled
☐ Unknown

Other:

Check pipe/valves (mark if present):

Leaks at joints, seams, valves

- ☐ Adequate ☐ Inadequate

Discoloration

- ☐ Adequate ☐ Inadequate

Corrosion

- ☐ Adequate ☐ Inadequate

Pooling of stored material

- ☐ Adequate ☐ Inadequate

Bowing of pipe

- ☐ Adequate ☐ Inadequate

Localized dead vegetation

- ☐ Adequate ☐ Inadequate

Ground saturated with stored material

- ☐ Adequate ☐ Inadequate

Secondary Containment Types:

- ☒ Dikes/berms/retaining walls
☒ Spill diversion ponds
☐ Weirs and/or booms

- ☐ Curbing
☐ Sorbent Materials

- ☐ Culverts and/or gutters
☐ Retention ponds

Other - Loc:

Secondary Containment Checklist:

- ☐ Capacity does not appear to be adequate? ☒ Drainage mechanism manually operated? ☐ Not sufficiently impervious to stored materials?
☐ Presence of stored mat w/in dike or berm? ☐ Standing water within dike or berm? ☐ Debris within the dike or berm area?
☐ Erosion or corrosion of dike or berm (location)?

Containment Liner:

193

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Low Permeability Soils (clay) | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Soil-bentonite mix | <input type="checkbox"/> Concrete (Bituminous) | <input type="checkbox"/> Concrete (Non-Bituminous) |
| <input type="checkbox"/> Synthetic Membrane (Polyvinyl chloride) | <input type="checkbox"/> Synthetic Membrane (Chlorinated polyvinyl) | <input type="checkbox"/> Synthetic Membrane (Polyethylene) |
| <input type="checkbox"/> Synthetic Membrane (Butyl rubber) | <input type="checkbox"/> Synthetic Membrane (Neoprene) | <input type="checkbox"/> Synthetic Membrane (Ethylene propylene diene monomer) |
| <input type="checkbox"/> Synthetic Membrane (Chlorosulphonated polyethylene) | <input type="checkbox"/> Synthetic Membrane (Oil resistant polyvinyl chloride) | <input type="checkbox"/> Synthetic Membrane (Dupont elasticized polyolefin 3110) |

EPA Tank ID#:

Facility Tank ID#:

193

Tank Construction:

Check Tank including the base for leaks:

Slight discoloration.

Release Prevention Barriers:

Tank Liner:

Tank Safe Fill and Shutdown Procedures:

Release Detection Method:

Check Foundation:

Check pipes/valves:

Secondary Containment:

Other comments on the tank, piping, appurtenances, foundation, or containment:

EPA Tank Id.

371

Facility Tank Id

T-72f 371

Max Cap (gal)

1764000

Safe Fill (gal):

1738000

Avg Qty (gal)

13910400

80% Bbl

Tank Dia (ft.)

250'

Tank Hgt (ft.)

48'

Year Built:

1976

Material(s)
Stored in
Tank:

Material Name:

Sour Crude

CHRIS

CAS No

DOT No:

Tank Age:

☐ prior to 1920☐ 1920-1945☐ 1946-1960☐ 1961-1975☒ 1976-1995

Tank Type:

☒ Coned Roof - (Vented)☐ Coned Roof - (Not Vented)☒ External Floating Roof☐ Internal Floating Roof☐ Geodesic Dome☐ Sphenod☐ Hemispheroid (Noded)☐ Hemispheroid (NOT Noded)☐ Vertical Cylindrical☐ Fixed Roof (Vented)

Other:

Tank Material:

☒ Single wall steel☐ Double wall steel☒ Painted☒ Non-Painted☐ Fiberglass reinforced plastic☐ Composite (steel with fiberglass)☐ Wooden

Other:

Tank Construction: --

☐ Bolted☐ Rivetted☒ Welded☐ Shop Fabricated☐ Field Erected

Tank Cathodic Protection:

☐ None☒ Sacrificial Anode(s)☒ Impressed Current

Check Tank including the base for leaks, specifically looking for:

Drips, weeps, & stains ☐☐ Adequate☐ InadequateLocalized dead vegetation ☐☐ Adequate☐ InadequatePuddles of stored material ☐☐ Adequate☐ InadequateDiscoloration of tank ☐☒ Adequate☐ InadequateCorrosion ☐☐ Adequate☐ InadequateCracks ☐☐ Adequate☐ Inadequate

08/31/98 some discolor (little)

Release Prevention Barriers:

☐ Double Bottom
 ☐ Double-walled
 ☐ Lined Interior

☐ Polyethylene Jacket
 ☐ Excavation Liner
 ☒ None

☐ Unknown

Other:

Tank Liner:

☒ None
 ☐ Internal (Double Bottom)
 ☐ Internal (Resin Coating)

☐ External (Fiberglass resin)
 ☐ External (Non-Fiberglass resin)

Tank Safe Fill and Shutdown Procedures:

☐ Visual Liquid Level
 ☐ Computerized Liquid Level
 ☐ No Liquid Level

☒ High Alarm/Shutdown
 ☒ High-High Alarm/Shutdown
 ☐ No Alarm/Shutdown

☐ Audible Alarm
 ☒ Visual Alarm
 ☐ Computer-Monitored Alarm/Shutdown

Release Detection Method:

☐ Groundwater Monitoring
 ☐ Low Level Alarm
 ☒ Visual Monitoring

☐ Vapor Monitoring
 ☐ Interstitial Monitoring
 ☐ None

Other:

Foundation Material:

☐ Earthen Material
 ☐ Ring Wall
 ☒ Concrete (w/impermeable mat.)

☐ Concrete (w/o impermeable mat.)
 ☐ Steel
 ☐ Unknown

Other:

Check Foundation (mark if present):

Cracks

☐ Adequate
 ☐ Inadequate

Settling

☐ Adequate
 ☐ Inadequate

Gaps (between tank and foundation)

☐ Adequate
 ☐ Inadequate

Puddles of stored material

☐ Adequate
 ☐ Inadequate

Discoloration

☐ Adequate
 ☐ Inadequate

- ☒ Aboveground ☒
☒ Steel (painted) ☒
☐ Copper

- ☐ Underground
☐ Steel (galvanized)
☐ Fiberglass Reinforced Plastic

- ☐ Steel (bare)
☐ Double walled
☐ Unknown

731-7 08/31/98
371

Other:

Check pipe/valves (mark if present):

Leaks at joints, seams, valves

- ☒ Adequate ☐ Inadequate

Discoloration

- ☐ Adequate ☐ Inadequate

Corrosion

- ☐ Adequate ☐ Inadequate

Pooling of stored material

- ☐ Adequate ☐ Inadequate

Bowing of pipe

- ☐ Adequate ☐ Inadequate

Localized dead vegetation

- ☐ Adequate ☐ Inadequate

Ground saturated with stored material

- ☐ Adequate ☐ Inadequate

Secondary Containment Types:

- ☒ Dikes/berms/retaining walls ☐ Curbing ☐ Culverts and/or gutters
☐ Spill diversion ponds ☐ Sorbent Materials ☐ Retention ponds
☐ Weirs and/or booms

Other - Loc:

Secondary Containment Checklist:

- ☐ Capacity does not appear to be adequate? ☒ Drainage mechanism manually operated? ☐ Not sufficiently impervious to stored materials?
☐ Presence of stored mat. w/in dike or berm? ☐ Standing water within dike or berm? ☐ Debris within the dike or berm area?
☐ Erosion or corrosion of dike or berm (location)?

Continuation Sheet

731 371

08/31/98

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Low Permeability Soils (clay)	<input type="checkbox"/> Steel
<input type="checkbox"/> Soil-bentonite mix	<input type="checkbox"/> Concrete (Bituminous)	<input type="checkbox"/> Concrete (Non-Bituminous)
<input type="checkbox"/> Synthetic Membrane (Polyvinyl chloride)	<input type="checkbox"/> Synthetic Membrane (Chlorinated polyvinyl)	<input type="checkbox"/> Synthetic Membrane (Polyethylene)
<input type="checkbox"/> Synthetic Membrane (Butyl rubber)	<input type="checkbox"/> Synthetic Membrane (Neoprene)	<input type="checkbox"/> Synthetic Membrane (Ethylene propylene diene monomer)
<input type="checkbox"/> Synthetic Membrane (Chlorosulphonated polyethylene)	<input type="checkbox"/> Synthetic Membrane (Oil resistant polyvinyl chloride)	<input type="checkbox"/> Synthetic Membrane (Dupont elasticized polyolefin 3110)

EPA Tank ID#:

Facility Tank ID#:

20131/98 731/571

Tank Construction:

Check Tank including the base for leaks:

Release Prevention Barriers:

Tank Liner:

Tank Safe Fill and Shutdown Procedures:

Release Detection Method:

Check Foundation:

Check pipes/valves:

leakage from piping on south side of tank with stained soil.

Secondary Containment:

Other comments on the tank, piping, appurtenances, foundation, or containment:

seals inside the mixer ~~is~~ leaking.

ATMOSPHERIC PRESSURE STORAGE TANK

TANK PRODUCT: SOUR CRUDE

NUMBER: T-371

UNIT: TANK FARM

INSTALLED:

DESIGN DATA			
ERECTED BY	GATX	YEAR BUILT	1976
DESIGN CODE	API- 650	CAPACITY (Bbls)	420,000
DESIGN SPECIFIC GRAVITY	.93	DESIGN EDITION or DATE	
DIAMETER	250'	DESIGN TEMPERATURE	97 °F
NUMBER of COURSES	6	M.D M T..	
HEIGHT.	48'	MANWAY SIZE(S) & RATING(S)	
CORROSION ALLOWANCE.		JOINT EFFICIENCY	85
INTERNAL LINING or COATING		RADIOGRAPHY:	
ROOF TYPE.	Floating	TYPE of DOUBLE FLOOR	
		TYPE OF PAINT or INSULATION	

MATERIALS of CONSTRUCTION			
COURSE #1:	A-573-70 / A-283-C	ALLOWABLE DESIGN STRESS:	NOMINAL THICKNESS: varies
COURSE #2:	A-573-70 / A-283-C	ALLOWABLE DESIGN STRESS	NOMINAL THICKNESS: varies
COURSE #3:	A-573-70 / A-283-C	ALLOWABLE DESIGN STRESS:	NOMINAL THICKNESS: varies
COURSE #4:	A-573-70 / A-283-C	ALLOWABLE DESIGN STRESS.	NOMINAL THICKNESS: varies
COURSE #5:	A-573-70 / A-283-C	ALLOWABLE DESIGN STRESS	NOMINAL THICKNESS: varies
COURSE #6:	A-573-70 / A-283-C	ALLOWABLE DESIGN STRESS:	NOMINAL THICKNESS: varies
COURSE #7:		ALLOWABLE DESIGN STRESS	NOMINAL THICKNESS
COURSE #8:		ALLOWABLE DESIGN STRESS	NOMINAL THICKNESS
FLOOR	A-283-C	ALLOWABLE DESIGN STRESS	NOMINAL THICKNESS 25"
ROOF:	A-36	ALLOWABLE DESIGN STRESS:	NOMINAL THICKNESS: 25"

			INSPECTION HISTORICAL THICKNESSES									
DATE	TYPE OF INSP	Thickness Per Course (#1 at Bottom)								Roof Thk	Floor Thk.	REMARKS
		#1	#2	#3	#4	#5	#6	#7	#8			
1-76				86"	68"	52"	.50"	.36"				
10-84	Internal	25"	1.07"	86"	70"	52"	51"	.37"		24"		New roof
9-89	External		1 03"	86"	69"	51"	51"	.37"				
1-90												Found two holes due to I D corrosion
3-94	External		1 05"	85"	68"	.50"	50"	.37"				Spot checked floor, found two holes due to I D corr
8-95	Internal									.18"		New roof, floor coated
9-96	Internal									.25"		Patched floor leak

N/A = NOT APPLICABLE

NT= NOT TAKEN

Notes

EPA Tank ID#:

Facility Tank ID#:

Tank Construction:

Check Tank including the base for leaks:

Release Prevention Barriers:

Tank Liner:

Tank Safe Fill and Shutdown Procedures:

Release Detection Method:

Check Foundation:

Check pipes/valves:

Secondary Containment:

Other comments on the tank, piping, appurtenances, foundation, or containment:

04	1417	SW	Truck Loading area	J/DK
05	1425	S	Rail loading area	
06	1557	NW	Tank #193	J/DK
07	1602	SE	Foundation of Tank #193	J/DK
08	1615	NE	Tank #371	
09	1624	SW	seal inside mixer is leaking	J/DK
10	1632	NE	leakage from piping on south side of tank stained soil	J/DK
11	1640	E	outfall #3 from largest storm water around largest petroleum tank	J/DK
12	1707	W	Tank 70000 70001	J/DK